



REHAB SECTOR

Rehab as a unit
One sheet per unit

Page of Incident#		Fire/EMS		Rehab Officer:					
Unit #		Time In:				<ul style="list-style-type: none"> Hydrate with 8 oz of water x 2 Pulse >140 - full V/S Repeat Hydration (8x2) Signs/Symptoms of dehydration - to triage and treatment area 			
OIC:		Time Out:							
Name ID#	Hydrated	Time	Pulse	Pulse >140?	BP	Resp	S&S of Dehydration?	TXFR to Triage/Treatment Area?	Notes/Disposition
	<input type="checkbox"/>				/		Y N		
	15 min>>				/		Y N		
	<input type="checkbox"/>				/		Y N		
	15 min>>				/		Y N		
	<input type="checkbox"/>				/		Y N		
	15 min>>				/		Y N		
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	<input type="checkbox"/>				/		Y N		
	15 min>>				/		Y N		
	<input type="checkbox"/>				/		Y N		
	15 min>>				/		Y N		